

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 8      | 12-1900  |
| FORMALITY REVIEW          | MM       | 778    | 4/16/01  |
| RESPONSE FORMALITY REVIEW | W        | JC906  | 09/15/01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

| Claim | Final | Original | Date     |
|-------|-------|----------|----------|
| 1     | ✓     | ✓        | 3/20/01  |
| 2     | ✓     | ✓        | 10/31/00 |
| 3     | ✓     | ✓        | 5/7/01   |
| 4     | ✓     | ✓        | 5/12/01  |
| 5     | ✓     | ✓        |          |
| 6     | ✓     | ✓        |          |
| 7     | ✓     | ✓        |          |
| 8     | ✓     | ✓        |          |
| 9     | ✓     | ✓        |          |
| 10    | ✓     | ✓        |          |
| 11    | ✓     | ✓        |          |
| 12    | ✓     | ✓        |          |
| 13    | ✓     | ✓        |          |
| 14    | ✓     | ✓        |          |
| 15    | ✓     | ✓        |          |
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| 18    | ✓     | ✓        |          |
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| 50    | ✓     | ✓        |          |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

804  
09/17